

Best Available Capy

PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2001

Application or Docket Number

OLX4117745

CLAIMS AS FILED - PART I (Column 1) (Column 2)								Small entity			OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			18					RATE	FEE		RATE	FEE
FO	R	NUMBER F	NUMBER FILED		NUMBER EXTRA		BASIC FEE	370.00	OR	BASIC FEE	740.00	
TOTAL CHARGEABLE CLAIMS /8 minus 2					¢			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS 2 minus 3 =					3 = *			X42=		OR	X84=	
MULTIPLE DEPENDENT CLAIM PRESENT								+140=		OR	+280=	
* If the difference in column 1 is less than zero, enter					r "0" in c	olumn 2	Į	TOTAL	37 U	OR	TOTAL	
Claims as amended - Part II								(J • · ·	OTHER	
[necessore descriptions	(Column 1)	aspaining on i	(Colu		(Column 3)	6	SMALL		OR	SMALL	
ENTA		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	#	Minus	111		=		X\$ 9=		OR	X\$18=	
AME	Independent	ά	Minus	***		=		X42=		OR	X84=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=		OR	+280=	
							ł	TOTAL			TOTAL	
								ADDIT. FEE		OR	ADDIT. FEE	L
		(Column 1) CLAIMS			mn 2) HEST	(Column 3)	1	<u></u>	ADDI	ī :		(ADD)
AMENDMENT B		REMAINING AFTER		PREVI	MBER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	#	Minus	##	FOR	=		X\$ 9=	FEE	OR	X\$18=	755
2 2 2 3 3 3 3 3	Independent	*	Minus	***		=		X42=		1	X84=	
<	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR		
								+140=		OR	+280=	
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT, FEE	
(Column 1) (Column 2) (Column 3)												
AMENDWENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGI NUN PREV	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NO BASE	Total	*	Minus	ĤĤ		=		X\$ 9=		OR	X\$18=	
BER	Independent	*	Minus	###		=		X42=		OR	X84=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									Uh		1
+140= +140=										OR	+280=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												